



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

GREAT LAKES BUSINESS TRUST  
No. 1998-Dtd 10/10/98 and  
GREAT LAKES DREDGE & DOCK CO., LLC.,

-V-

M/T ORANGE SUN, her engines, sails, boilers,  
tackle, etc., *in rem*; ARCTIC  
REEFER CORP., INC., and  
ATLANSHIP S.A., *in personam*,

**CERTIFICATE OF MAILING**

08 CV 0941 (RWS)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

**15<sup>th</sup> Day of August, 2008**

I served the

Summons, Verified Complaint & Amended Verified Complaint

pursuant to the Federal Rule of Civil Procedure 4 (f) (2) (C) (ii) filed and issued herein on the,

**5<sup>th</sup> Day of August, 2008**

by mailing via DHL Worldwide Express, pick up scheduled for 500 Pearl Street, New York, N.Y., a copy of each thereof, securely enclosed in a DHL Express Envelope with a prepaid international air bill addressed to:

See attached for listing of Defendants

DHL Express International Waybill Tracking Number:

**840 1510 740**

  
CLERK

Dated: New York, NY

GEORGE B. FREEHILL  
 WILLIAM L. JUSKA, JR.  
 JAMES L. ROSS\*  
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 PATRICK J. BONNER\*  
 PETER J. GUTOWSKI  
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 THOMAS M. RUSSO  
 THOMAS M. CANEVARI †  
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 JOHN F. KARPOUSIS\*Δ  
 MICHAEL E. UNGER\*†  
 WILLIAM J. PALLAS\*  
 GINA M. VENEZIA\*Δ  
 LAWRENCE J. KAHN\*  
 BARBARA G. CARNEVALE\*  
 MANUEL A. MOLINA  
 JUSTIN T. NASTRO\*  
 PAMELA L. SCHULTZ\*\*†  
 DANIEL J. FITZGERALD\*†Δ  
 MICHAEL C. ELLIOTT\*  
 JAN P. GISHOLT†

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 DARIEN, CT 06820-4538  
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August 14, 2008

Our ref: 50-08/PB

**BY HAND**

Clerk of the Court  
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<b>Payer account number and shipment value protection details</b> Ship to <input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Receiver <input type="checkbox"/> 3rd Party Payer Account No. _____ Shipment Value Protection (see reverse) _____ <input type="checkbox"/> Yes Declared Value for Carriage (in US \$) _____		840 1510 740 																									
<b>From (Shipper)</b> Shipper's Account Number: 806037240 Contact Name: PISONNER Shipper's Reference (up to 35 characters): 50-08 Company Name: Freehill Hogan Address: 80 Pine St New York New York Post/ZIP Code (required): 10005 Phone, Fax, or E-mail (required): 212 425 1900		<b>4 Shipment Details</b> <table border="1"> <tr> <th>Total number of packages</th> <th>Total Weight</th> <th>Pieces</th> <th>Length</th> <th>Width</th> <th>Height</th> </tr> <tr> <td>1</td> <td>XD</td> <td>@</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td></td> <td></td> <td>@</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td></td> <td></td> <td>@</td> <td>X</td> <td>X</td> <td>X</td> </tr> </table>		Total number of packages	Total Weight	Pieces	Length	Width	Height	1	XD	@	X	X	X			@	X	X	X			@	X	X	X
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1	XD	@	X	X	X																						
		@	X	X	X																						
		@	X	X	X																						
<b>To (Receiver)</b> Company Name: ATLANTSHIP Contact Person: _____ Delivery Address: DHL Cannot Deliver to a PO Box Speedwellstraat 16 3029 Rotterdam Country: Netherlands Post/ZIP Code (required): 3029 Phone, Fax, or E-mail (required): _____		<b>5 Full Description of Contents</b> Give Content and Quantity: LEGAL PAPERS																									
<b>6 Dutiable Shipments Only (Customs requirement)</b> Attach the original and four copies of a Proforma or Commercial Invoice. Export License No./Symbol (if applicable): _____ Receiver's VAT/GST or Shipper's EIN/SSN: _____ Declared Value for Customs (in US \$) (as on commercial/proforma invoice): _____ Schedule B Number / Harmonized Code (if applicable): _____ AES TRANSACTION NUMBER: _____ TYPE OF EXPORT: <input type="checkbox"/> Permanent <input type="checkbox"/> Repair/Return <input type="checkbox"/> Temporary Destination Duties/Taxes: If left blank, Receiver pays duties/taxes. <input type="checkbox"/> Receiver <input type="checkbox"/> Shipper <input type="checkbox"/> Other: _____ The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.		<b>8 Products &amp; Services</b> <input checked="" type="checkbox"/> International Express <input type="checkbox"/> Non-Dutiable (International Document Service) <input type="checkbox"/> Dutiable (Worldwide Priority Express) <input type="checkbox"/> Other: _____ <b>Service Options</b> (extra charges may apply) <input type="checkbox"/> Saturday Delivery <input type="checkbox"/> Special Pickup <input type="checkbox"/> Delivery Notification <input type="checkbox"/> Signature Required <input type="checkbox"/> Other: _____ <b>Global Mail</b> <input type="checkbox"/> Int. Priority <input type="checkbox"/> Int. Standard <input type="checkbox"/> IPA <input type="checkbox"/> ISAL <input type="checkbox"/> Dom. Priority <input type="checkbox"/> Dom. Standard <input type="checkbox"/> Other: _____																									
<b>7 Shipper's Authorization (signature required)</b> I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment Value Protection is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH. Signature (required): _____ Date: 8/14/08		<b>DIMENSIONAL/CHARGEABLE WEIGHT</b> lbs <table border="1"> <tr> <th>SERVICES</th> <th>CHARGES</th> </tr> <tr> <td>Drop Box #</td> <td>TOTAL</td> </tr> </table> <b>TRANSPORT COLLECT STICKER No.</b> <b>PAYMENT DETAILS (Check, Card No.)</b> No.: _____ Type: _____ Expires: _____ Auth.: _____ <b>PICKED UP BY</b> Route No.: _____ Time: _____ Date: _____		SERVICES	CHARGES	Drop Box #	TOTAL																				
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